

PUBLIC HEALTH DEPARTMENT[641]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 139A.8(8) and 139A.26(5), the Department of Public Health hereby amends Chapter 7, “Immunization and Immunization Education: Persons Attending Elementary or Secondary Schools, Licensed Child Care Centers, or Institutions of Higher Education,” Iowa Administrative Code.

The rules in Chapter 7 describe immunization requirements for attendance at elementary or secondary schools or licensed child care centers and requirements for immunization education of students entering institutions of higher education.

These amendments clarify the definition of “certified medical assistant”; further explain the use of medical and religious exemptions; update the immunization requirements to more accurately reflect the recommendations of the Advisory Committee on Immunization Practices (ACIP) and to include the required immunization for invasive pneumococcal disease for children enrolling in licensed child care centers; and set forth guidelines for completing the certificate of immunization and provisional certificate of immunization, including details as to who is required to sign a provisional certificate. The amendments also remove the requirement that a school or licensed child care center offer to meet with a child’s parents before the child’s provisional enrollment expires and replace it with the requirement that the school or licensed child care center provide a written explanation of provisional enrollment rules to the parents. The amendments clarify the need for a second provisional enrollment certificate whenever a provisional certificate expires because of the need to adhere to “minimum interval” requirements. Finally, the amendments clarify rules concerning who may provide and who may receive immunization record information.

Notice of Intended Action was published in the Iowa Administrative Bulletin on July 16, 2008, as **ARC 6974B**.

A public hearing was held on August 7, 2008, to receive comments on the proposed amendments. The Department received four comments: three written comments and one oral comment at the public hearing. All of the comments related to the parental signature on the provisional certificate of immunization and the rules for explanation of provisional enrollment to the parents. The Department has decided to remove the requirement for parental signature as well as the requirement that the school notify parents of the provisional enrollment rules ten days prior to the expiration of the certificate. Instead, the Department will require the provider who signs the provisional certificate to ensure that the provider has provided education to the parent on the rules regarding provisional enrollment of the student. The Department has also adjusted the wording of the requirement for vaccination against invasive pneumococcal disease in the list of immunizations required for applicants attending licensed child care centers to further support recommendations by the Centers for Disease Control and Prevention and the American Committee on Immunization Practices.

These amendments were adopted by the State Board of Health on November 12, 2008.

These amendments will become effective January 7, 2009.

These amendments are intended to implement Iowa Code sections 139A.8 and 139A.26.

The following amendments are adopted.

ITEM 1. Amend rule **641—7.1(139A)**, definitions of “Certified medical assistant” and “Signature,” as follows:

“*Certified medical assistant*” means a person who is certified to practice as a certified medical assistant following completion of a postsecondary medical assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or the Accrediting Bureau of Health Education Schools and successful completion of the certification examination and who is directed by a supervising physician, physician assistant, or nurse practitioner.

“*Signature*” means an original signature, or the authorized use of a stamped signature, or electronic signature ~~of a physician, physician assistant, or nurse.~~

ITEM 2. Adopt the following **new** definition in rule 641—7.1(139A):

“*Student*” means an individual who is enrolled in a licensed child care center, elementary school or secondary school.

ITEM 3. Amend rule 641—7.3(139A) as follows:

641—7.3(139A) Persons excluded. Exclusions to these rules are permitted on an individual basis for medical and religious reasons. Applicants approved for medical or religious exemptions shall submit to the admitting official a valid Iowa department of public health certificate of immunization exemption.

7.3(1) To be valid, a certificate of immunization exemption for medical reasons shall contain, at a minimum, the applicant’s last name, first name, and date of birth, the vaccine(s) exempted, and an expiration date (if applicable) and shall bear the signature of a physician, nurse practitioner, or physician assistant. A medical exemption may be granted to an applicant when, in the opinion of a physician, nurse practitioner, or physician assistant, ~~the~~

a. The required immunizations would be injurious to the health and well-being of the applicant or any member of the applicant’s family or household. ~~A In this circumstance, a medical exemption may apply to a specific vaccine(s) or all required immunizations vaccines. A certificate of immunization exemption for medical reasons is valid only when signed by a physician, nurse practitioner, or physician assistant.~~ If, in the opinion of the physician, nurse practitioner, or physician assistant issuing the medical exemption, the exemption should be terminated or reviewed at a future date, an expiration date shall be recorded on the certificate of immunization exemption; or

b. Administration of the required vaccine would violate minimum interval spacing. In this circumstance, an exemption shall apply only to an applicant who has not received prior doses of the exempted vaccine. An expiration date, not to exceed 60 calendar days, and the name of the vaccine exempted shall be recorded on the certificate of exemption.

7.3(2) A religious exemption may be granted to an applicant if immunization conflicts with a genuine and sincere religious belief.

a. A To be valid, a certificate of immunization exemption for religious reasons shall be signed by contain, at a minimum, the applicant’s last name, first name, and date of birth and shall bear the signature of the applicant or, if the applicant is a minor, by of the applicant’s parent or guardian or legally authorized representative and shall attest that immunization conflicts with a genuine and sincere religious belief and that the belief is in fact religious; and not based merely on philosophical, scientific, moral, personal, or medical opposition to immunizations.

b. The certificate of immunization exemption for religious reasons is valid only when notarized.

7.3(3) ~~Religious~~ Medical and religious exemptions shall become null and void during ~~under this rule~~ do not apply in times of emergency or epidemic as determined by the state board of health and declared by the director of public health.

ITEM 4. Rescind subrule 7.4(1) and adopt the following **new** subrule in lieu thereof:

7.4(1) Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements below:

IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		<i>haemophilus influenzae</i> type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses; or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		<i>haemophilus influenzae</i> type B	3 doses, with the final dose in the series received on or after 12 months of age, or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
		Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.
	24 months and older	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		<i>haemophilus influenzae</i> type B	3 doses, with the final dose in the series received on or after 12 months of age; or 1 dose received when the applicant is 15 months of age or older. Hib vaccine is not indicated for persons 60 months of age or older.

		Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 12 months of age; or 2 doses if the applicant received 1 dose before 12 months of age or received 1 dose between 12 and 23 months of age; or 1 dose if no doses had been received prior to 24 months of age. Pneumococcal vaccine is not indicated for persons 60 months of age or older.
		Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Elementary or Secondary School (K-12)	4 years of age and older	Diphtheria/Tetanus/Pertussis ^{2, 3, 4}	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but before September 15, 2003; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003. DTaP is not indicated for persons 7 years of age and older; therefore, tetanus- and diphtheria-containing vaccine should be used.
		Polio ^{5, 6}	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003.
		Measles/Rubella ¹	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses if the applicant was born on or after July 1, 1994.
		Varicella ⁷	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has a reliable history of natural disease.

- ¹ Mumps vaccine may be included in measles/rubella-containing vaccine.
- ² The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.
- ³ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.
- ⁴ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.
- ⁵ If an applicant, born after September 15, 2003, received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age. If 4 polio doses are administered at greater than 6 weeks of age and the doses are all separated by at least 4-week intervals, a 5th dose is not needed, even if the 4th dose was administered before 4 years of age.
- ⁶ If both OPV and IPV were administered as part of the series, a total of 4 doses are required, regardless of the applicant's current age.
- ⁷ Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2nd dose if administered 28 days or greater from the 1st dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days.

ITEM 5. Amend subrule 7.4(2) as follows:

7.4(2) Vaccine doses administered ≤ less than or equal to 4 days before the minimum interval or age shall be counted as valid. Doses administered ≥ greater than or equal to 5 days earlier than the minimum interval or age shall not be counted as valid doses and shall be repeated as ~~age~~ appropriate.

ITEM 6. Amend rule 641—7.6(139A) as follows:

641—7.6(139A) Proof of immunization.

7.6(1) ~~Applicants, or their parents or guardians, shall submit a~~ A valid Iowa department of public health certificate of immunization ~~shall be submitted by the applicant or, if the applicant is a minor, by the applicant's parent or guardian~~ to the admitting official of the school or licensed child care center in which the applicant wishes to enroll. To be valid, the certificate shall be the certificate of immunization issued ~~and provided~~ by the department, a computer-generated copy from the immunization registry, or a certificate of immunization which has been approved in writing by the department ~~and shall be signed by~~. The certificate shall contain, at a minimum, the applicant's last name, first name, and date of birth, the vaccine(s) administered, the date(s) given, and the signature of a physician, a physician assistant, a nurse, or a certified medical assistant ~~directed to sign by a supervising physician, physician assistant, or nurse practitioner~~. A faxed copy, photocopy, or electronic copy of the valid certificate is acceptable. The judgment of the adequacy of the applicant's immunization history should be based on records kept by the person signing the certificate of immunization ~~or on that person's~~ personal knowledge of the applicant's immunization history, or comparable immunization records from another person or agency, or an international certificate of vaccination, or the applicant's personal health records. If personal health records are used to make the judgment, the records shall ~~provide~~ include the vaccine(s) administered and the date given. Persons validating the certificate of immunization are not held responsible for the accuracy of the information used to validate the certificate of immunization if the information is from sources other than their own records or personal knowledge.

7.6(2) Persons wishing to enroll who do not have a valid Iowa department of public health certificate of immunization available to submit to the admitting official shall be referred to a physician, a physician assistant, a nurse, or a certified medical assistant ~~directed by a supervising physician, physician assistant, or nurse practitioner~~ to obtain a valid certificate.

ITEM 7. Amend subrule 7.7(1) as follows:

7.7(1) A valid Iowa department of public health provisional enrollment certificate shall be submitted by the applicant or, if the applicant is a minor, by the applicant's parent or guardian to the admitting official of the school or licensed child care center in which the applicant wishes to enroll. Applicants who have begun but not completed the required immunizations may be granted provisional enrollment. To qualify for provisional enrollment, applicants shall have received at least one dose of each of the required vaccines or be a transfer student from another school system. A transfer student is an applicant

seeking enrollment from one United States elementary or secondary school into another. ~~Applicants shall submit a valid Iowa department of public health provisional certificate of immunization to the admitting official of the school or licensed child care center in which the applicant wishes to be provisionally enrolled. To be valid, the provisional certificate shall be signed by~~ contain, at a minimum, the applicant's last name, first name, and date of birth, the vaccine(s) administered, the date(s) given, the remaining vaccine(s) required, the reason that the applicant qualifies for provisional enrollment, and the signature of a physician, a physician assistant, a nurse, or a certified medical assistant ~~directed to sign by a supervising physician, physician assistant, or nurse practitioner.~~ Persons validating the provisional certificate of immunization are not held responsible for the accuracy of the information used to validate the provisional certificate of immunization if the information is from sources other than their own records or personal knowledge. Persons signing the provisional certificate of immunization shall certify that they have informed the applicant or, if the applicant is a minor, the applicant's parent or guardian of the provisional enrollment requirements.

~~a. Any person wishing to be provisionally enrolled applicant seeking provisional enrollment who does not have a valid Iowa department of public health provisional certificate of immunization to submit to the admitting official shall be referred to a physician, a physician assistant, a nurse, or a certified medical assistant directed by a supervising physician, physician assistant, or nurse practitioner to obtain a valid certificate.~~

~~b. Reserved.~~

ITEM 8. Rescind and reserve subrule 7.7(4).

ITEM 9. Amend subrule 7.7(6) as follows:

7.7(6) If at the end of the provisional enrollment period the applicant has not completed the required immunizations due to minimum interval requirements, ~~the provisional enrollment may be extended if the applicant or parent or guardian submits another a new~~ Iowa department of public health provisional certificate of immunization shall be submitted to the admitting official. The admitting official must maintain all issued certificates of provisional immunization with the original provisional certificate until the applicant submits a certificate of immunization.

ITEM 10. Amend subrule 7.8(1) as follows:

7.8(1) It shall be the duty of the admitting official of a licensed child care center or elementary or secondary school to ensure that the admitting official has a valid Iowa department of public health certificate of immunization, certificate of immunization exemption, or provisional certificate of immunization on file for each ~~child enrolled student.~~ The admitting official shall ensure that the certificate be properly completed and include, at a minimum, last name, first name, date of birth, vaccine(s) administered, date(s) given, and validation by the appropriate party.

~~a. The admitting official shall keep the certificates on file in the school or licensed child care center in which the applicant student is enrolled and assist the applicant student or parent or guardian in the transfer of the certificate to another school or licensed child care center upon the transfer of the applicant student to another school or licensed child care center.~~

~~b. No change.~~

ITEM 11. Amend subrule 7.8(4) as follows:

7.8(4) The admitting official of an institution of higher education shall provide to the department of ~~education~~ public health by December 1 each year aggregate data regarding compliance with Iowa Code section 139A.26. The data shall be forwarded to the department within 30 days. The data shall include, but not be limited to, the total number of incoming postsecondary freshmen students living in a residence hall or dormitory who have:

~~a. to c. No change.~~

ITEM 12. Adopt the following new subparagraph **7.11(4)“a”(6)**:

(6) The admitting official of a licensed child care center, elementary school, or secondary school; or medical or health care providers providing continuity of care.

ITEM 13. Amend paragraph 7.11(4)“b” as follows:

b. Enrolled users shall not release immunization data obtained from the registry except to the person immunized, the parent or legal guardian of the person immunized, health records staff admitting officials of licensed child care centers and schools, medical or health care providers providing continuity of care, and other enrolled users of the registry.

ITEM 14. Amend rule 641—7.12(22) as follows:

641—7.12(22) Release of immunization information.

7.12(1) ~~Between a physician, a physician assistant, nurse, or a certified medical assistant directed by a supervising physician, physician assistant, or nurse practitioner and the elementary or secondary school or licensed child care center that the child student attends.~~ A physician, a physician assistant, a nurse, or a certified medical assistant ~~directed by a supervising physician, physician assistant, or nurse practitioner~~ shall disclose a student’s immunization information, including the student’s name, date of birth, and demographic information, the month, day, year and vaccine(s) administered, and clinic source and location, to an elementary or secondary school or a licensed child care center upon written or verbal request from the elementary or secondary school or licensed child care center. Written or verbal permission from a student or parent is not required to release this information to an elementary or secondary school or licensed child care center that the student attends.

7.12(2) ~~Among physicians, physician assistants, nurses, or certified medical assistants directed by a supervising physician, physician assistant, or nurse practitioner.~~ Immunization information, including the student’s last name, first name, date of birth, and demographic information, the month, day, year and vaccine(s) administered, and clinic source and location, shall be provided by ~~one a~~ a physician, physician assistant, nurse, or a certified medical assistant ~~directed by a supervising physician, physician assistant, or nurse practitioner~~ to another health care provider without written or verbal permission from the student, ~~or the parent or guardian.~~

7.12(3) ~~Among an elementary school, secondary school, and licensed child care center that the student attends.~~ An elementary school, secondary school, and licensed child care center shall disclose a student’s immunization information, including the student’s last name, first name, date of birth, and demographic information, the month, day, and year of vaccine(s) administered, and clinic source and location, to another elementary school, secondary school, and licensed child care center that the student attends. Written or verbal permission from a student, or if the student is a minor, the student’s parent or guardian, is not required to release this information to an elementary school, secondary school, and licensed child care center that the student attends.

[Filed 11/12/08, effective 1/7/09]

[Published 12/3/08]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 12/3/08.